COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

, , ,		,		
I believe I am the original, first and sole inventor (if on plural names are listed below) of the subject matter wh	aly one name is listed to the contract of the	pelow) or an original, first which a patent is sought or	and joint invention	entor (if n entitled:
INPUT/OUTPUT COUPLING STRUCTURE	FOR DIELECTRIC	WAVEGUIDE RESONAT	OR.	
the specification of which (check only one item	n below)			
★ is attached hereto				
[] was filed as United States applicat	ion			
Serial No.				
on				
and was amended				
on (if applicable).				
[] was filed as PCT international app	lication			
Number	_			
on				
and was amended under PCT Article				
on (if applica	ible).			
I hereby state that I have reviewed and understand the camended by any amendment specifically referred to abo	ontents of the above-id	entified specification, incl	uding the clai	ms, as
I acknowledge the duty to disclose information which continuation-in-part applications, material information and the national or PCT international filing date of the	which became availa	ble between the filing dat	R 1.56, inclue of the prior	iding for r application
I hereby claim foreign priority benefits under 35 U.S. inventor's or plant breeder's rights certificate(s), or 36 country other than the United States of America, listed foreign application for patent, inventor's or plant bree filing date before that of the application on which priority.	55(a) of any PCT inte I below and have also der's rights certificate	rnational application which identified below, by checon	h designated	at least one
PRIOR FOREIGN/PCT APPLICATIO	NS AND ANY PRIO	RITY CLAIMS UNDER	35 U.S.C. 1	19:
Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)		Claimed U.S.C. 119
Japan	2002-355065	6/12/2002	[X] YES	[] NO
			[]YES	[] NO
			[] YES	[] NO
			[] YES	[] NO
			[]YES	[] NO
			[] YES	[] NO
			[]YES	[] NO
	<u> </u>			L

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket No.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Cohen, Pontani, Lieberman & Pavane to prosecute this application and transact all business in the Patent and Trademark Office connected therewith

Customer number 27799

Send correspondence to Cohen, Pontani, Lieberman & Pavane at the address for the following customer Number: 27799

Direct Telephone calls to: (name and telephone number) Thomas Langer (212) 687-2770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	states code and that such winter laise statements may jeopardize the validity of the application of any patent issuing thereon.							
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME ITOH	FIRST GIVEN NAME Kazuhiro	SECOND GIVEN NAME				
	RESIDENCE, CITIZENSHIP	сту Hiki-Gun,	STATE OR FOREIGN COUNTRY Saitama, JAPAN	COUNTRY OF CITIZENSHIP JAPAN				
	POST OFFICE ADDRESS	POST OFFICE ADDRESS (See the bottom	CITY of Page 3)	STATE & ZIP CODE/COUNTRY				
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY				
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY				
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY				
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
	RESIDENCE, CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY				
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COMBINED DECLARATION FOR (Includes Reference to PCT Intern	Attorney's Docket No.		
SIGNATURE OF INVENTOR 201 Kazuhiro Itoh	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203	
December 1, 2003	December 1, 2003	DATE	
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206	
DATE	DATE	DATE	
Additional	inventor(s) name(s) & address(es) atta	ched? [] Yes [v	l No

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